**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C.20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

Prefix

Serial

UNIFORM LIMITED OFFERING EXEMPTION

|  |                        | DATE RECEIVED  |
|--|------------------------|--|
| Name of Offering ( Check if this is an amendment and name has changed, and indicate c D&A High-Yield Bond Fund III, LP   | hange.)                |  |
| Filing under(Check box(es) that apply): Rule 504 Rule 505 Rule Type of Filing: New Filing Amendment  | e 506 S                | ection 4(6) ULOE                                       |
| A.BASIC IDENTIFICATION DATA  | 4                      |  |
| Enter the information requested about the issuer   |                        |  |
| Name of Issuer(  | change.)               |  |
| D&A High-Yield Bond Fund III, LP   | <del></del>            |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  10251 Vista Sorrento Parkway Suite 200 San Diego CA 92121   | 1 '                    | none Number(Including Area Code)<br>08-9700            |
| Address of Principal Business Operations (If different from Executive Offices) (Number and Street, City, State, Zip Code)  | Teleph                 | one Number(Including Area Code)                        |
| Brief Description of Business: Investment LP for high yield.   |                        | PROCESSED  |
| Type of Business Organization  |                        | JUN 0 6 2005   |
| corporation  X limited partnership, already formed other (please limited partnership, to be formed   | e specify):            | THUMSON<br>FINANCIAL                                   |
| Actual or Estimated Date of Incorporation or Organization:    O 6 0 5  |                        | stimated C A   |
| GENERAL INSTRUCTIONS   |                        |  |
| FEDERAL: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Se  | ection 4(6), 17 CFR    | 230.501 et seq. or 15 U.S.C 77 d(6).                   |
| When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice on the earlier of the date it is received by the SEC at the address given below or, if received at that address after tregistered or certified mail to that address.   |                        |  |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washigton, D.C. 20549.   |                        | •  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed signed copy or bear typed or printed signatures.  | d. Any Copies not n    | nanully signed must be photocopies of the manually     |
| Information Required: A new filing must contain all information requested. Amendments need only report the nan requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E   |                        |  |
| Filing Fee: There is no federal filing fee.  |                        |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of secu form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sa a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice appendix to the notice constitutes a part of this notice and must be completed. | ales are to be, or hav | ve been made. If a State requires the payment of a fee |
| ATTENTION  |                        |  |
| Failure to file notice in the appropriate states will not result in a loss of the federathe appropriate federal notice will not result in a loss of an available state exemple.  |                        |  |

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

predicated on the filing of a federal notice.

## A.BASIG IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - i. Each promoter of the issuer, if the issuer has been organized within the past five years;
  - ii. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - iii. Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
  - iv. Each general and managing partner of partnership issuers.

| Check Box(es) that apply:     | Promoter         | Beneficial Owner | Executive Officer Director   | K | General and /or<br>Managing Partner |   |
|-------------------------------|------------------|------------------|------------------------------|---|-------------------------------------|---|
| Full Name(Last name first, if | Individual)      |                  |                              |   |                                     |   |
| Dunham & Associates Securi    | ities, Inc.      |                  |                              |   |                                     |   |
| Business or Residence Addi    | ress             | (Number and St   | treet, City,State ,Zip Code) |   |                                     | ٠ |
| 10251 Vista Sorrento Parkway  | ,Suite 200 San I | Diego CA 92121   |                              |   |                                     |   |
|                               |                  |                  |                              |   |                                     |   |
| Check Box(es) that apply:     | Promoter         | Beneficial Owner | Executive Officer Director   |   | General and /or<br>Managing Partner |   |
| Full Name(Last name first, if | Individual)      |                  |                              |   |                                     | • |
| Dunham Jeffrey A              | 4                |                  |                              |   |                                     |   |
| Business or Residence Addr    | ress             | (Number and St   | treet, City,State ,Zip Code) |   |                                     |   |
| 10251 Vista Sorrento Parkway  | Suite 200 San I  | Diego CA 92121   |                              |   |                                     |   |
|                               |                  |                  |                              |   |                                     |   |
| Check Box(es) that apply:     | Promoter         | Beneficial Owner | K Executive Officer Director |   | General and /or<br>Managing Partner |   |
| Full Name(Last name first, if | Individual)      |                  |                              |   |                                     |   |
| Iverson Denise S              |                  |                  |                              |   |                                     | - |
| Business or Residence Addr    | ess              | (Number and St   | treet, City,State ,Zip Code) |   |                                     |   |
| 10251 Vista Sorrento Parkway  | ,Suite 200 San I | Diego CA 92121   |                              |   |                                     |   |

|                           |                             |                              |                            |                            | 70                       |                             |                           | ( B.   | INFORM                    | ΛΑΤ                      | ION                          | ABOUT                                      | (0)                                       | ING                                   |  |               |               |                         |
|---------------------------|-----------------------------|------------------------------|----------------------------|----------------------------|--------------------------|-----------------------------|---------------------------|--|---------------------------|--------------------------|------------------------------|--|---|---------------------------------------|--|---------------|---------------|-------------------------|
|                           |                             |                              |                            |                            |                          |                             |                           |  |                           |                          |                              |  |   |                                       |  |               | Yes           | No                      |
| 1. Has                    | the is                      |                              |                            |                            |                          |                             |                           |  | II, to non-a              |                          |                              |  | n this offer                              | ing?                                  |  |               |               | <b>X</b>                |
|                           |                             |                              |                            |                            |                          | • •                         |                           |  | n 2, if filir             | •                        |                              |  |   |                                       |  |               |               |                         |
| 2. Wha                    | at is tl                    | ne mini                      | mum                        | invest                     | ment                     | that w                      | ill be                    | accept   | ted from a                | ny in                    | dividu                       | al?  |   |                                       | ······································     | \$            | \$ 250,000    | 0.00                    |
| 3 Dos                     | o the                       | offerin                      | a ner                      | mit inir                   | nt over                  | norchin                     | of a                      | einale   | unit?                     |                          |                              |  |   |                                       |  |               | Yes           | No                      |
|                           |                             |                              | •                          | •                          |                          |                             |                           | Ū  | no has bee                |                          |                              |  |   |                                       |  |               |               |                         |
| omm<br>If a pe<br>state o | ission<br>rson t<br>or stat | or sim<br>to be listes, list | ilar re<br>sted i<br>the n | emune<br>s an as<br>name o | ration<br>socia<br>f the | for so<br>ated pe<br>broker | licitat<br>erson<br>or de | ion of portion of the contract | purchases<br>int of a bro | in co<br>ker c<br>n five | onnec<br>or deal<br>e (5) pe | tion with s<br>ler register<br>ersons to l | ales of sec<br>red with th<br>be listed a | curities in t<br>e SEC and            | the offering<br>d /or with a<br>ted persor | ă             |               |                         |
|                           |                             |                              |                            |                            |                          | <del></del>                 |                           | <del></del>  | ·                         |                          |                              |  | <del></del>                               | · · · · · · · · · · · · · · · · · · · |  |               |               |                         |
|                           |                             |                              |                            |                            |                          |                             |                           |  |                           |                          |                              |  |   |                                       |  |               |               |                         |
| Full Na                   | me (L                       | ast na                       | me fi                      | rst, if ir                 | ndivid                   | ual)                        | H-Be                      | eck, Iı  | nc.                       |                          |                              |  |   |                                       |  |               |               |                         |
| Busine                    | ss or                       |                              |                            |                            | -                        |                             |                           |  | City, State               |                          |                              | )  |   |                                       |  |               |               |                         |
| Name (                    | of Ass                      |                              |                            |                            |                          | ar                          | <u> </u>                  | eck, I   | rille,MD                  | 2083                     | 5 <u>Z</u>                   |  |   |                                       |  |               |               |                         |
| States                    | in Wh                       | ich Pe                       | rson                       | Listed                     | has S                    |                             |                           | <del></del>  | to Solicit                | Purc                     | haser                        |  |   |                                       |  | <del></del>   |               | ·                       |
|                           |                             |                              |                            |                            |                          |                             |                           |  |                           |                          |                              |  | ••••••                                    |                                       |  |               | All States    | S                       |
| [AL]                      | X                           | [AK]                         | X                          | [AZ]                       | X                        | [AR]                        | X                         | [CA] -   | <b>X</b> [CO]             | X                        | [CT]                         | [DE]                                       |   | X FL]                                 | [GA]                                       | <b>X</b> [HI] | <b>X</b> [ID] | X                       |
| [IL]                      | X                           | [IN]                         | X                          | [IA]                       | X                        | [KS]                        | X                         |  | <br>[LA]                  |                          |                              | •  | _   |                                       |  | <br>[MS]      | <b>X</b> [MO] |                         |
| [MT]                      | X                           | [NE]                         | X                          | [NV]                       | X                        | [NH]                        | X                         | [NJ].  | <b>X</b> [NM]             | X                        | [NY]                         | X [NC]                                     | [ND]                                      | [OH]                                  | X [OK                                      | [OR]          | X [PA]        | $\overline{\mathbf{X}}$ |
| [RI]                      | X                           | [SC]                         | X                          | [SD]                       | X                        | [TN]                        | X                         | [TX]   | [TU]                      | X                        | [/T]                         | [VA]                                       | [WA                                       | <b>X</b> [WV                          | X [WI]                                     | [WY           | [PR]          |                         |
| Full Na                   | me (L                       | ast na                       | me fi                      | rst, if ir                 | ndivid                   | ual) (                      | OM                        | VI Br  | okerage,                  | Inc                      |                              |  |   |                                       |  |               | -             |                         |
| Busine                    | ss or                       |                              |                            |                            |                          |                             |                           |  | City, State               |                          |                              |  | 005                                       |                                       |  | ٠.            |               |                         |
| Name                      | of Ass                      |                              |                            |                            |                          | ar                          |                           |  | 330,Salt                  |                          |                              | y,01 84                                    | 095                                       |                                       |  |               |               |                         |
| States                    | in Wh                       | ich Pe                       | rson                       | Listed                     | has S                    |                             |                           |  | okerage,<br>to Solicit    |                          | _                            |  | · · · · · · · · · · · · · · · · · · ·     | <del></del>                           |  |               |               |                         |
|                           |                             |                              |                            |                            |                          |                             |                           |  |                           |                          |                              |  |   |                                       |  |               | All States    | S                       |
| [AL]                      |                             | [AK]                         | 区                          | [AZ]                       | X                        | [AR]                        | X                         | [CA]   | <b>X</b> [CO]             | X                        | [CT]                         | [DE]                                       | X [DC]                                    | X FL]                                 | [GA]                                       | <b>X</b> [HI] | X [ID]        | X                       |
| [IL]                      | X                           | [IN]                         | X                          | [IA]                       | X                        | [KS]                        | X                         | [KY]   | X [LA]                    | X                        | [ME]                         | X [MD]                                     | X [MA]                                    | <b>X</b> [MI]                         | X [MN]                                     | <b>X</b> [MS] | <b>X</b> [MO] | $\boxtimes$             |
| [MT]                      | X                           | [NE]                         | X                          | [NV]                       | X                        | [NH]                        | X                         | [NJ]   | X [NM]                    | X                        | [NY]                         | X [NC]                                     | X [ND]                                    | <b>X</b> [OH]                         | X [OK                                      | X [OR]        | X [PA]        | X                       |
| [RI]                      | X                           | [SC]                         | X                          | [SD]                       | X                        | [TN]                        |                           | [ТХ]   | [[UT]                     | X                        | [VT]                         | X [VA]                                     | X [WA                                     | <b>⊠</b> [w∨                          | <b>X</b> [WI]                              | X [WY         | X [PR]        |                         |

| ٠,      |        |         |        |            |        |          |        |          |                          |       |   |             |        |               |                                       |  |               |                                       |
|---------|--------|---------|--------|------------|--------|----------|--------|----------|--------------------------|-------|---|-------------|--------|---------------|---------------------------------------|--|---------------|---------------------------------------|
| Full Na | me (L  | ast na  | me fi  | rst, if ir | ndivid | ual)     | G.A.   | Repp     | le & Con                 | npar  | ny                                      |             |        |               |                                       |  |               | <del></del>                           |
| Busine  | ss or  |         |        |            | -      |          |        |          | City, State              |       |   |             |        |               |                                       |  | <u>.</u>      |                                       |
|         |        |         |        |            |        |          | ite 1  | 01, C    | asselberi                | y,FI  | L 327                                   | 07          |        |               |                                       |  |               |                                       |
| Name    | of Ass | sociate | d Bro  | ker or     | Deale  | er<br>   | G.A.   | Repp     | ole & Co                 | mpa   | ny                                      |             |        |               |                                       | ······································ |               |                                       |
| States  | in Wh  | nich Pe | rson   | Listed     | has S  | Solicite | d or l | ntends   | to Solicit               | Purch | nasers                                  | 3           |        |               |                                       |  |               |                                       |
| (Check  | "All S | States  | or che | eck ind    | lividu | al State | es)    |          | •••••                    |       |   |             |        |               |                                       |  | All States    | S                                     |
| [AL]    | X      | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]     | X [co]                   | X     | [CT]                                    | X [DE]      | [DC]   | <b>∑</b> FL]  | X [GA]                                | <b>X</b> [HI]                          | <b>X</b> [ID] | X                                     |
| [IL]    | X      | [IN]    | X      | [IA]       | X      | [KS]     | X      | [KY]     | X [LA]                   | X     | [ME]                                    | [MD]        | X [MA] | <b>X</b> [MI] | X [MN]                                | [MS]                                   | <b>X</b> [MO] | X                                     |
| [MT]    | X      | [NE]    | X      | [NV]       | X      | [NH]     | X      | [NJ]     | [MM]                     | X     | [NY]                                    | X [NC]      | X [ND] | [OH]          | <b>X</b> [OK                          | [OR]                                   | [PA]          | X                                     |
| [RI]    | X      | [SC]    | X      | [SD]       | X      | [TN]     | X      | [ТХ]     |                          |       |   |             | X [WA  |               | [WI]                                  | X [WY                                  | [PR]          |                                       |
| Full Na | me (L  | .ast na | me fi  | rst, if ir | ndivid | ual)     | Fina   | ncial '  | West Gr                  | oup   |   |             |        |               |                                       |  |               |                                       |
| Busine  | ss or  | Reside  | nce /  | Addres     | s (Nu  | mber a   | and S  | treet, ( | City, State              | Zip   | Code'                                   | )           |        | <del></del>   | · · · · · · · · · · · · · · · · · · · |  | <del></del>   | <del></del>                           |
|         |        |         |        |            |        |          |        |          | illag,CA                 |       |   |             |        |               |                                       |  |               |                                       |
| Name    | of Ass | _       |        |            |        | or.      |        |          | West Gr                  |       |   |             | •      |               |                                       |  |               |                                       |
| States  | in Wh  | ich Pe  | rson   | Listed     | has S  |          |        |          | to Solicit               |       | nasers                                  |             |        |               |                                       | · ·                                    |               |                                       |
| (Check  | "All S | States  | or che | eck ind    | lividu | al State | es)    |          | •••••                    | ••••• | • |             |        |               |                                       |  | All States    | <b>S</b>                              |
| [AL]    | X      | [AK]    | X      | [AZ]       | Ø      | [AR]     | ×      | [CA]     | <b>[</b> [CO]            | ×     | [CT]                                    | [DE]        | [DC]   | <b>⊠</b> FL]  | [GA]                                  | <b>⋈</b> [HI]                          | <b>[</b> [ID] | 冈                                     |
| [IL]    | X      | [IN]    | X      | [IA]       | 冈      | [KS]     | 冈      | [KY]     |                          |       |   |             | [MA]   |               |                                       | [MS]                                   | [MO]          | $\square$                             |
| [MT]    | 冈      | [NE]    | 冈      | [NV]       | 図      | [NH]     | 冈      | [NJ]     |                          |       |   | <del></del> |        |               | <b>⊠</b> [OK                          | [OR]                                   | [PA]          | _<br>図                                |
| [RI]    | 区      | [SC]    | 区      | [SD]       | 区      | [TN]     | Z      | [ТХ]     |                          |       |   | _           | MIMA.  | _             | [[W]                                  | <b>⊠</b> [wy                           | [PR]          |                                       |
| Full Na | me (l  | ast na  | me fi  | rst if in  | divid  | ual) 1   | Fi wat | Mon      | toul: Coo                | :43   | on C                                    |             | · ].   |               | · ·                                   | 1                                      |               |                                       |
|         |        |         |        |            |        |          |        |          | tauk Sec                 |       |   |             |        |               | <u></u>                               |  |               | ·                                     |
| Busine  | ss or  |         |        |            |        |          |        |          | City, State,<br>ank,NJ ( |       |   |             |        |               |                                       |  |               |                                       |
| Name o  | of Ass |         |        |            |        | ٠٢       |        |          | tauk Sec                 |       |   | orn         |        |               | ·                                     |  |               | · · · · · · · · · · · · · · · · · · · |
| States  | in Wh  | ich Pe  | rson   | hatsi I    | has S  |          |        |          | to Solicit               |       |   |             |        |               |                                       |  |               | · · · · · · · · · · · · · · · · · · · |
|         |        |         |        |            |        |          |        |          |                          |       |   |             |        | ••            |                                       |  | All States    | <b>S</b>                              |
|         |        |         |        |            |        |          |        |          |                          |       |   |             |        |               | _                                     |  |               |                                       |
| [AL]    |        |         |        |            | _      |          |        |          | <b>X</b> [CO]            |       |   | •           |        |               |                                       |  | X [ID]        | X                                     |
| [IL]    | X      | [IN]    | X      | [A]        |        |          |        |          |                          |       |   |             | •      |               |                                       |  | X [MO]        | X                                     |
| [MT]    | X      | [NE]    | X      | [NV]       |        | [NH]     |        |          |                          |       |   | _           |        |               |                                       | X [OR]                                 | X [PA]        | X                                     |
| [RI]    | X      | [SC]    | X      | [SD]       | X      | [TN]     | X      | [TX]     | T[UT]                    | X     | [VT]                                    | X [VA]      | X [WA  | X [W/         | X [WI]                                | X [WY                                  | <b>X</b> [PR] | X                                     |

| •          |             |         |        |            |        |          |        |   |               |          |         |   |               |               |               |               |               |          |          |
|------------|-------------|---------|--------|------------|--------|----------|--------|---|---------------|----------|---------|---|---------------|---------------|---------------|---------------|---------------|----------|----------|
| Full Na    | me (l       | ast na  | me fi  | rst, if ir | ndivid | ual)     | Gira   | rd Se                                   | curities,     | Inc.     |         |   |               |               |               |               |               |          |          |
| Busine     | ss or       |         |        |            | •      |          |        |   | City, State   |          |         | •                                       |               |               |               |               |               |          |          |
|            | <del></del> |         |        |            |        |          | , Sui  | te 150                                  | , San Di      | ego,     | ,CA     | 92122                                   |               |               |               |               |               |          |          |
| Name       | of Ass      | sociate | a Bro  | ker or     | Deale  | er .     | Gira   | rd Se                                   | curities,     | Inc      |         |   |               |               |               |               |               |          |          |
| States     | in Wh       | nich Pe | erson  | Listed     | has S  | Solicite | d or l | ntends                                  | to Solicit    | Purc     | haser   | S                                       |               |               |               |               |               |          |          |
| (Check     | "All S      | States  | or che | eck ind    | lividu | al Stat  | es)    | • |               | •••••    | ······· |   |               |               |               |               | All States    | 3        |          |
| [AL]       | X           | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]                                    | <b>X</b> [CO] | X        | [CT]    | X [DE]                                  | X [DC]        | X FL]         | <b>X</b> [GA] | <b>X</b> [HI] | <b>X</b> [ID] | X        |          |
| [IL]       | X           | [IN]    | X      | [IA]       |        | [KS]     | X      | [KY]                                    | [LA]          | X        | [ME]    | <u>X</u> [MD]                           | X [MA]        | <b>X</b> [MI] | [MN]          | [MS]          | [MO]          | <u>X</u> |          |
| [MT]       | X           | [NE]    | X      | [NV]       | X      | [NH]     | X      | [NJ]                                    | <b>X</b> [NM] | X        | [NY]    | X [NC]                                  | [ND]          | <b>X</b> [OH] | <b>X</b> [OK  | [OR]          | <b>X</b> [PA] | X        |          |
| [RI]       | X           | [SC]    | X      | [SD]       | X      | [TN]     | X      | [XX]                                    | [UT]          | X        | [VT]    | [VA]                                    | [WA           | <b>X</b> [wv  | [WI]          | [WY]          | [PR]          |          |          |
| Full Na    | me (l       | ast na  | ıme fi | rst, if ir | ndivid | ual)     | IMS    | Secu                                    | rities, In    | <b>.</b> |         |   |               |               |               |               | <u> </u>      |          |          |
| Busine     | ss or       |         |        |            |        |          |        |   | City, State   |          |         |   |               |               |               |               |               |          |          |
| Name (     | of Acc      |         |        |            |        |          | Suite  | 500,1                                   | Houston,      | IX       | 7704    | <u>Z</u>                                |               |               |               |               |               |          |          |
| - Traine ( | JI 733      |         | 0 010  | Kei Oi     | Deale  |          | IMS    | Secui                                   | rities, Inc   | :.       |         |   |               |               |               |               |               |          |          |
| •          |             |         |        |            |        |          | -      |   | to Solicit    |          |         | _                                       |               |               |               |               |               |          |          |
| (Check     | "All S      | States  | or che | eck ind    | lividu | al Stat  | es)    | •••••                                   |               | •••••    | ••••••  | • | •••••         |               |               |               | All States    | ;        |          |
| [AL]       | X           | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]                                    | X [CO]        | X        | [CT]    | X [DE]                                  | X [DC]        | <b>∑</b> FL]  | [GA]          | X [HI]        | <b>X</b> [ID] | X        |          |
| [IL]       | X           | [IN]    | X      | [IA]       | X      | [KS]     | X      | [KY]                                    | X [LA]        | X        | [ME]    | [MD]                                    | MA]           | <b>X</b> [MI] | X [MN]        | X [MS]        | <b>X</b> [MO] | X        |          |
| [MT]       |             | . [NE]  | X      | [NV]       | X      | [NH]     | X      | [NJ]                                    | X [NM]        | X        | [NY]    | X [NC]                                  | <b>X</b> [ND] | [OH]          | X [OK         | [OR]          | <b>X</b> [PA] | X        |          |
| [RI]       |             | [SC]    | X      | [SD]       | X      | [TN]     | X      | [TX]                                    | X [UT]        | X        | [[      | [VA]                                    | X [WA         | X [wv         | [WI]          | [WY           | [PR]          |          | •        |
| Full Na    | me (L       | ast na  | me fi  | rst, if ir | ndivid | ual)     | Med    | allion                                  | Investm       | ent      | Serv    | ices, Inc.                              |               |               |               |               |               |          |          |
| Busine     | ss or       | Reside  | ence A | Addres     | s (Nu  | mber a   | and S  | treet, (                                | City, State   | Zip      | Code    | )                                       |               |               |               |               |               |          |          |
|            |             |         |        |            |        |          | HGV    | VY, S                                   | uite 25,S     | ever     | na P    | ark,MD                                  | 21146         | •             |               |               |               |          |          |
| Name o     | of Ass      | sociate | d Bro  | ker or     | Deale  | er ·     | Med    | allion                                  | Investm       | ent      | Servi   | ices, Inc.                              |               |               |               | -             |               |          | <u> </u> |
| States     | in Wh       | ich Pe  | rson   | Listed     | has S  | Solicite | d or l | ntends                                  | to Solicit    | Purc     | haser   | <b>S</b> .                              |               |               |               |               |               |          |          |
| (Check     | "All S      | States  | or che | eck ind    | lividu | al Stat  | es)    | •••••                                   |               |          |         |   |               |               |               |               | All States    | ;        |          |
| [AL]       | X           | [AK]    | Ø      | [AZ]       | Ø      | [AR]     | 図      | [CA]                                    | X [CO]        | X        | [CT]    | (DE)                                    | X [DC]        | X FL]         | <b>X</b> [GA] | X [HI]        | X [ID]        | X        |          |
| [IL]       | Ø           |         |        |            |        |          |        |   | • .           | •        |         | - •                                     |               |               | •             | <b>X</b> [MS] | · •           |          |          |
| [MT]       | X           | [NE]    |        | [NV]       | X      | [NH]     | Ø      | [NJ]                                    | X [NM]        | X        | [NY]    | X [NC]                                  | X [ND]        | [OH]          | <b>X</b> [OK  | X [OR]        | X [PA]        | X        |          |
| [RI]       | 図           | [SC]    | X      | [SD]       | 図      | [TN]     | X      | [TX]                                    | <b>⊠</b> [UT] | Ø        | [VT]    | [VA]                                    | X [WA         | <b>X</b> IWV  | [WI]          | <b>X</b> [WY  |               |          |          |

| •       |         |         |        |               |        |          | •           |          |               |        |         |                |        |                                       |                     |               |               | _        |
|---------|---------|---------|--------|---------------|--------|----------|-------------|----------|---------------|--------|---------|----------------|--------|---------------------------------------|---------------------|---------------|---------------|----------|
| Full Na | ıme (L  | ast na  | me fi  | rst, if ir    | ndivid | ual)     | Mon         | terey    | Bay Sec       | urit   | ies, Ir | ıc.            |        |                                       |                     |               | ,             |          |
| Busine  | ss or   | Reside  | ence / | Addres        | s (Nu  | mber     | and S       | treet, ( | City, State   | , Zip  | Code    | )              |        |                                       |                     |               |               |          |
|         |         |         |        | cape `        |        |          | ptos,       | CA 9:    | 5003          |        |         |                |        |                                       |                     |               | <del></del>   |          |
| Name    | of Ass  | ociate  | d Bro  | ker or        | Deale  | er .     | Mon         | terey    | Bay Sec       | uriti  | ies, Ir | ic.            |        |                                       |                     |               |               |          |
| States  | in Wh   | nich Pe | rson   | Listed        | has S  | Solicite | d or I      | ntends   | to Solicit    | Purc   | haser   | 3              |        | •                                     |                     |               | •             |          |
| (Check  | ("All S | States  | or che | eck ind       | lividu | al Stat  | es)         | •••••    |               | •••••• |         | •••••          | •      |                                       |                     |               | All States    |          |
| [AL]    |         | [AK]    |        | [AZ]          |        | [AR]     |             | [CA]     | <b>X</b> [CO] |        | [CT]    | [DE]           |        | FL]                                   | [GA]                | [HI]          | [ID]          |          |
| [IL]    |         | [IN]    |        | [IA]          |        | [KS]     |             | [KY]     | [LA]          |        | [ME]    |                | [MA]   | [MI]                                  |                     |               |               |          |
| [MT]    |         | [NE]    |        | [NV]          |        | [NH]     |             | [NJ]     | [MM]          |        | [NY]    | [NC]           | [ND]   | [OH]                                  | ☐ [OK               | [OR]          | [PA]          |          |
| [RI]    |         | [SC]    |        | [SD]          |        | [TN]     |             | [TX]     | [עדט]         |        | [VT]    | [VA]           | □[WA   |                                       | [WI]                |               | [PR]          |          |
| Full Na | ıme (L  | ast na  | me fi  | rst, if ir    | ndivid | ual)     | The         | Seidle   | r Comp        | anie   | s Inc   | orporate       | ed.    | · · · · · · · · · · · · · · · · · · · |                     |               |               |          |
| Busine  | ss or   | Reside  | ence / | Addres        | s (Nu  | ımber    | and S       | treet, ( | City, State   | , Zip  | Code    | )              |        |                                       |                     |               |               |          |
|         | •       |         |        |               |        |          | , Sui       | te 11(   | 00,Los A      | ngel   | les,C   | <b>A</b> 90071 |        |                                       |                     |               |               |          |
| Name    | of Ass  | sociate | d Bro  | ker or        | Deale  | er .     | The         | Seidle   | r Comp        | anie   | s Inc   | orporate       | ed     |                                       |                     |               |               |          |
| States  | in Wh   | ich Pe  | rson   | Listed        | has S  | Solicite | d or i      | ntends   | to Solicit    | Purc   | haser   | 5              |        |                                       |                     |               |               |          |
| (Check  | "All S  | States  | or che | eck ind       | lividu | al Stat  | es)         | •••••    |               |        |         |                |        |                                       |                     |               | All States    |          |
| [AL]    | X       | [AK]    | 図      | [A <b>Z</b> ] | X      | [AR]     | X           | [CA]     | X [co]        | X      | [CT]    | X [DE]         | [DC]   | X FL)                                 | [GA]                | <b>X</b> [HI] | <b>X</b> [ID] | X        |
| [IL]    | X       | [IN]    | X      | [IA]          | X      | [KS]     | X           | [KY]     | X [LA]        | X      | [ME]    | MD]            | X [MA] | <b>X</b> [MI]                         | [MN]                | <b>X</b> [MS] | <b>X</b> [MO] | X        |
| [MT]    | X       | [NE]    |        | [NV]          | X      | [NH]     | X           | [NJ]     | X [NM]        | X      | [NY]    | X [NC]         | X [ND] | <b>X</b> [OH]                         | <b>X</b> [OK        | X [OR]        | X [PA]        | X        |
| [RI]    | X       | [SC]    | 図      | [SD]          |        | [TN]     | $\boxtimes$ | [TX]     |               | _      |         | [VA]           |        | X im                                  | X [MI]              | X IWY         | _             |          |
| Full Na | me (L   | .ast na | me fi  | rst, if ir    | ndivid | ual)     | Cent        | aurus    | Financi       | al, I  | nc.     |                |        |                                       |                     |               |               |          |
| Busine  | ss or   | Reside  | nce /  | Addres        | s (Nu  | ımber a  | and S       | treet, ( | City, State   | , Zip  | Code    | )              |        |                                       |                     |               |               |          |
|         |         |         |        |               |        |          | iite 2      | 010,C    | )range,C      | A 9    | 2868    |                |        |                                       |                     | _             |               |          |
| Name    | of Ass  | ociate  | d Bro  | ker or        | Deale  | er       | Cent        | aurus    | Financi       | al, I  | nc.     |                |        |                                       |                     |               |               |          |
| States  | in Wh   | ich Pe  | rson   | Listed        | has S  | Solicite | d or I      | ntends   | to Solicit    | Purc   | haser   | <b>.</b>       |        |                                       |                     |               |               |          |
| (Check  | "All S  | States  | or che | eck ind       | lividu | al Stat  | es)         | ••••••   | •••••         | •••••  |         |                |        |                                       |                     |               | All States    |          |
| [AL]    | X       | [AK]    | X      | [AZ]          | X      | [AR]     | X           | [CA]     | [CO]          | Ø      | [CT]    | [DE]           | X [DC] | K FL]                                 | [GA]                | ⊠ [HI]        | <b>区</b> [ID] | Ø        |
| [IL]    | X       | [IN]    | X      | [Ai]          | X      | [KS]     | 区           | [KY]     | X [LA]        | X      | [ME]    | <b>⊠</b> [MD]  | MA]    | [M]                                   | $\mathbf{X}^{[MN]}$ | <b>X</b> [MS] | MO]           | <b>Ø</b> |
| [MT]    | 区       | [NE]    | X      | [NV]          | 区      | [NH]     | 区           | [NJ]     | [NM]          | X      | [NY]    | [NC]           | ND]    | <b>▼</b> [0H]                         | <b>⊠</b> [ok        | 🔀 [OR]        | [PA]          | X        |
| [RI]    | X       |         |        |               |        |          |             |          |               |        |         | •              |        |                                       |                     |               | [PR]          |          |
|         |         |         |        |               |        |          |             |          |               |        |         |                |        |                                       |                     |               | <del>-</del>  |          |

| Full Na  | me (L       | ast na  | me fi            | rst, if ir | ndivid  | ual)     | QA3         | Fina     | ncial Cor     | ·p.   |          |        | -            |  |                             |               |               |          |
|----------|-------------|---------|------------------|------------|---------|----------|-------------|----------|---------------|-------|----------|--------|--------------|--|-----------------------------|---------------|---------------|----------|
| Busines  | s or        |         |                  |            |         |          |             |          | City, State   |       |          | )      |              | ·                                      |                             |               |               |          |
|          |             |         |                  |            |         |          | h Fl.       | , Om     | aha,NE 6      | 815   | 4        | ,      |              |  |                             |               |               |          |
| Name o   | of Ass      | ociate  | d Bro            | ker or     | Deale   | er       | QA3         | Fina     | ncial Co      | p.    |          |        |              |  |                             |               |               |          |
| States i | n Wh        | ich Pe  | rson             | Listed     | has S   | Solicite | d or i      | ntends   | to Solicit    | Purc  | hasers   | 3      |              |  |                             |               |               |          |
| (Check   | "All S      | States  | or che           | eck ind    | lividua | al State | es)         | •••••    | •••••         |       |          | •••••• |              |  |                             |               | All States    | 5        |
| [AL]     | Ø           | [AK]    | X                | [AZ]       | X       | [AR]     | 図           | [CA]     | ⊠[CO]         | Ø     | [CT]     | [DE]   | [DC]         | <b>⊠</b> FL]                           | <b>⊠</b> [GA]               | <b>1</b> [HI] | <b>⊠</b> [ID] | ×        |
| [IL]     | X           | [IN]    | X                | [IA]       | X       | [KS]     | $\boxtimes$ | [KY]     | <b>⊠</b> [LA] | X     | [ME]     | [MD]   | X[MA]        | <b>X</b> [MI]                          | $\mathbf{\boxtimes}^{[MN]}$ |               | <b>⊠</b> [MO] | ×        |
| [MT]     | X           | [NE]    | $\boxtimes$      | [NV]       | X       | [NH]     | X           | [NJ]     | [NM]          | X     | [NY]     | X[NC]  |              | <b>⊠</b> [OH]                          | <b>⊠</b> [OK                | [OR]          | X[PA]         | <b>X</b> |
| [RI]     | Ø           | [SC]    | M                | [SD]       | Ø       | [TN]     | X           | [TX]     | <b>⊠</b> [UT] | ×     | [VT]     | X[VA]  | ⊠[WA         | $\mathbf{Z}_{\mathbf{j}}^{\mathbf{m}}$ | <b>⊠</b> [WI]               | <b>⊠</b> [WY  | [PR]          |          |
| Fuli Nai | me (L       | ast na  | me fi            | rst, if ir | ndividi | ual)     | Ame         | rican    | Investor      | s Co  | mpa      | ny     |              |  |                             | · · · · · · - |               |          |
| Busines  | ss or       |         |                  |            |         |          |             |          | City, State   | -     |          |        |              |  |                             |               |               |          |
| Name o   | f Δss       |         |                  |            | •       |          | te 12       | .5,5ai   | Ramon         | ,CA   | 9450     | 3      |              |  |                             |               |               |          |
|          | ,, A33      |         | <del>u</del> 5,0 |            | Douit   | ·1       | Ame         | rican    | Investor      | s Co  | ompa     | ny     |              |  |                             |               |               |          |
| States i | n Wh        | ich Pe  | rson             | Listed     | has S   | olicite  | d or li     | ntends   | to Solicit    | Purc  | hasers   | 6      |              |  |                             |               |               |          |
| (Check   | "All S      | States  | or che           | eck ind    | lividua | al State | es)         | ••••••   | ••••••        |       |          |        | •••••        |  |                             |               | All States    | S        |
| [AL]     | $\boxtimes$ | [AK]    |                  | [AZ]       | X       | [AR]     | X           | [CA]     | 🛛 [co]        | X     | [CT]     | X [DE] | X [DC]       | X FL]                                  | [GA]                        | <b>X</b> [HI] | <b>X</b> [ID] | X        |
| [IL]     | X           | [IN]    | X                | [IA]       |         | [KS]     | X           | [KY]     | X [LA]        |       | [ME]     | [MD]   | X [MA]       | [MI]                                   | X [MN]                      | [MS]          | <b>X</b> [MO] | X        |
| [MT]     | X           | [NE]    |                  | [NV]       | X       | [NH]     |             | [NJ]     | X [NM]        | X     | [NY]     | [NC]   | X [ND]       | [OH]                                   | X [OK                       | X [OR]        | X [PA]        | X        |
| [RI]     |             | [SC]    |                  | [SD]       | X       | [TN]     | X)          | [TX]     | X [UT]        | X     | [VT]     |        | X [WA        | <b>X</b> [WV                           | [WI]                        | □ [WY         | [PR]          |          |
| Full Na  | ne (L       | ast na  | me fi            | rst, if ir | ndivid  | ual) (   | C.J.I       | M. Pla   | anning C      | orp   |          |        |              | -                                      |                             |               |               |          |
| Busines  | s or i      | Reside  | nce A            | Addres     | s (Nu   | mber a   | and S       | treet, ( | City, State   | Zip   | Code     | )      |              |  |                             |               |               |          |
|          |             |         |                  |            |         |          | Pom         | pton     | Lakes,N       | J 07  | 442      |        | <del> </del> |  |                             | <u> </u>      |               |          |
| Name o   | f Ass       | ociate  | d Bro            | ker or     | Deale   | er (     | C.J.I       | M. Pla   | nning C       | orp.  | <u> </u> |        |              |  |                             |               |               | ·        |
| States i | n Wh        | ich Pe  | rson l           | Listed     | has S   | olicite  | d or l      | ntends   | to Solicit    | Purc  | hasers   | 3      |              |  | •                           | -             |               |          |
| (Check   | "All S      | tates ( | or che           | eck ind    | lividua | al State | es)         | ••••••   |               | ••••• |          |        |              |  |                             |               | All States    | 3        |
| [AL]     | X           | [AK]    | X                | [AZ]       | X       | [AR]     | X           | [CA]     | X [CO]        | X     | [CT]     | X [DE] | X [DC]       | X FL]                                  | X [GA]                      | <b>X</b> [HI] | X [ID]        | X        |
| [IL]     | X           | [IN]    | X                | [IA]       | X       | [KS]     | X           | [KY]     | X [LA]        | X     | [ME]     | X [MD] | [MA]         | X [MI]                                 | X [MN]                      | X [MS]        | X [MO]        | X        |
| [MT]     | X           | [NE]    | X                | [NV]       | X       | [NH]     | X           | [NJ]     | X [NM]        | X     | [NY]     | X [NC] | X [ND]       | <b>X</b> [OH]                          | X [OK                       | <b>X</b> [OR] | <b>X</b> [PA] | X        |
| [RI]     | X           | [SC]    |                  | [SD]       | X       | [TN]     | X           | [TX]     | X [UT]        | X     | [VT]     | X [VA] | X [WA]       | $\mathbf{X}_{1}^{\text{IWV}}$          | [WI]                        | X [WY         | X [PR]        |          |

| Full Na | me (L  | ast na  | me fi  | rst, if ir | ndivid | ual)     | Unit   | ed Pla | inners Fi     | nan  | cial S | Services | of Amer      | ica           |              |        |               |          |          |
|---------|--------|---------|--------|------------|--------|----------|--------|--------|---------------|------|--------|----------|--------------|---------------|--------------|--------|---------------|----------|----------|
| Busine  | ss or  |         |        |            |        |          |        |        | City, State   |      |        |          |              |               |              |        |               |          |          |
|         |        |         |        |            |        |          | nch .  | Road,  | Suite 12      | 0,Sc | cottsd | ale,AZ   | 85258        |               |              |        |               |          |          |
| Name o  | of Ass | sociate | d Bro  | ker or     | Deale  | er .     | Unit   | ed Pla | nners Fi      | nan  | cial S | Services | of Amer      | ica           |              |        |               |          |          |
| States  | in Wh  | nich Pe | erson  | Listed     | has S  | Solicite | d or l | ntends | to Solicit    | Purc | hasers | 5        | •            |               |              |        |               |          |          |
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| [AL]    | X      | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]   | <b>X</b> [CO] | X    | [CT]   | X [DE]   | [DC]         | X FL]         | [GA]         | K [HI] | X [ID]        | X        |          |
| [IL]    | X      | [IN]    | X      | [IA]       | X      | [KS]     | X      | [KY]   | X [LA]        | X    | [ME]   | X [MD]   | X [MA]       | X [MI]        | X [MN]       | X [MS] | <b>X</b> [MO] | X        |          |
| [MT]    | X      | [NE]    | X      | [NV]       | X      | [NH]     | X      | [NJ]   | X [NM]        | X    | [NY]   | [NC]     | X [ND]       | <b>X</b> [OH] | <b>X</b> [OK | [OR]   | [PA]          | X        |          |
| [RI]    | X      | [SC]    | X      | [SD]       | X      | [TN]     | X      | [TX]   | X [UT]        | X    | [VT]   | [VA]     | [X] [WA      | <b>X</b> [w/  | [WI]         | X [WY  | [PR]          |          |          |
| Full Na | me (L  | ast na  | me fi  | rst, if ir | ndivid | ual)     | Dun    | ham &  | & Associa     | ates | Inve   | stment C | Counsel, I   | inc.          |              |        |               |          |          |
| Busine  | ss or  |         |        |            | -      |          |        |        | City, State   |      |        |          |              |               | ****         |        |               |          |          |
|         |        | 102     | 251 V  | ista S     | Sorre  | ento I   | arky   | way, S | Suite 200     | ,Sar | ı Dieş | 30,CA 92 | 2121         |               | ·            |        |               |          |          |
| Name o  | of Ass | sociate | d Bro  | ker or     | Deale  | er .     | Dun    | ham &  | & Associa     | ates | Inve   | stment C | Counsel, 1   | inc.          |              |        |               |          |          |
| States  | in Wh  | ich Pe  | erson  | Listed     | has S  | Solicite | d or I | ntends | to Solicit    | Purc | hasers | 3        |              |               |              |        |               |          |          |
| (Check  | "All S | States  | or che | eck ind    | lividu | al Stat  | es)    |        | •••••         |      |        |          |              |               |              |        | All States    | 3        |          |
|         | FC-347 |         |        |            | •      |          |        |        |               | (TT) |        |          | E 10 01      | 1000 m. s     | TT (0.11     |        |               | IK-201   | * '      |
| [AL]    | X      | [AK]    |        | [AZ]       | X      | [AR]     | X      |        |               |      |        |          | X [DC]       |               | [GA]         |        | X [ID]        | X        |          |
| [IL]    | X      | [IN]    | X      | [IA]       | X      | [KS]     | X      |        |               | _    |        |          | X [MA]       |               |              | [MS]   | <b>X</b> [MO] | X        |          |
| [MT]    | X      | [NE]    |        | [NV]       | X      | [NH]     | X      | [NJ]   | X [NM]        | X    | [NY]   | X [NC]   | [ND]         | X [OH]        | ☐ [OK        | [OR]   | X [PA]        | X        |          |
| [RI]    | X      | [SC]    | X      | [SD]       |        | [TN]     | X      | [TX]   | X [UT]        | X    | [VT]   | [VA]     | [WA          | <b>X</b> [WV  | X [WI]       | □[WY   | [PR].         | <b>X</b> |          |
| Full Na | me (L  | ast na  | me fi  | rst, if ir | ndivid | ual)     | AFA    | Fina   | ncial Gr      | oup, | LLC    |          | <del>_</del> |               | <del></del>  |        | <del></del>   |          |          |
| Busines | ss or  |         |        |            |        |          |        |        | City, State   |      | Code   | )        |              |               |              |        |               |          | -        |
|         |        |         |        |            |        |          | Cala   | basas  | s,,CA 913     | 302  |        |          |              |               |              |        |               |          | <u> </u> |
| Name o  | of Ass | sociate | d Bro  | ker or     | Deale  | er<br>   | AFA    | Fina   | ncial Gr      | oup, | LLC    | <u> </u> |              |               |              |        |               |          |          |
| States  | in Wh  | ich Pe  | erson  | Listed     | has S  | Solicite | d or l | ntends | to Solicit    | Purc | hasers | 3        |              |               |              |        |               |          |          |
| (Check  | "All S | States  | or ch  | eck inc    | dividu | al Stat  | es)    |        | ••••••••      |      |        |          |              |               |              |        | All State:    | 3        |          |
| [AL]    |        | [AK]    |        | [AZ]       | X      | [AR]     | X      | [CA]   | <b>X</b> [CO] | X    | [CT]   | X [DE]   | [DC]         | FLJ           | X [GA]       | X [HI] | <b>X</b> [ID] | X        |          |
| [IL]    | X      | [IN]    |        | [IA]       | X      | [KS]     |        | [KY]   | [LA]          |      | [ME]   | [MD]     | [AM]         | <b>X</b> [Mi] |              | X [MS] | [MO]          |          |          |
| [MT]    | X      | [NE]    |        | [NV]       | X      | [NH]     | X      | [NJ]   | X [NM]        | X    | [NY]   | X [NC]   | X [ND]       | <b>X</b> [OH] | ☐ [OK        | [OR]   | [PA]          | X        |          |
| [RI]    |        | [SC]    |        | [SD]       |        | [TN]     | X      | [TX]   | X [UT]        | X    | [VT]   | [VA]     | [WA          | <b>⊠</b> iw∨  | [WI]         | X [WY  | [PR]          |          |          |

| Full Na | me (l  | ast na  | me fi  | rst, if i  | ndivid | lual)    | Ferr   | is, Ba | ker Wat                                | ts In        | corp   | orated        |         |               |               |               |               |   |
|---------|--------|---------|--------|------------|--------|----------|--------|--------|--|--------------|--------|---------------|---------|---------------|---------------|---------------|---------------|---|
| Busine  | ss or  | Reside  | ence / | Addres     | s (Nu  | ımber    | and S  | treet, | City, State                            | , Zip        | Code   |               |         |               |               |               |               |   |
|         |        |         |        |            |        |          | e. NV  | V, Sui | te 700,W                               | ash          | ingto  | n,DC 20       | 006-379 | 6             | <del> </del>  |               |               |   |
| Name (  | of Ass | sociate | d Bro  | ker or     | Deale  | er       | Ferr   | is, Ba | ker Wat                                | ts In        | corp   | orated        |         |               |               |               |               |   |
| States  | in Wh  | nich Pe | erson  | Listed     | has S  | Solicite | d or I | ntends | to Solicit                             | Purc         | hasers | 5             |         |               |               |               |               |   |
| (Check  | "All S | States  | or che | eck inc    | dividu | al Stat  | es)    | •••••• |  |              | •••••  |               |         |               |               |               | All States    | 3 |
| [AL]    | X      | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]   | <b>X</b> [CO]                          | X            | . [CT] | <b>X</b> [DE] | X [DC]  | X FL]         | <b>X</b> [GA] | <b>X</b> [HI] | X [ID]        | X |
| [IL]    | X      | [IN]    | X      | [IA]       | X      | [KS]     | X      | [KY]   | X [LA]                                 | X.           | [ME]   | <b>[MD]</b>   | X [MA]  | <b>X</b> [MI] | X [MN]        | X [MS]        | <b>X</b> [MO] | X |
| [MT]    | X      | [NE]    | X      | [NV]       | X      | [NH]     | X      | [NJ]   | [MM].                                  | X            | [NY]   | X[NC]         | [ND]    | <b>X</b> [OH] | X [OK         | <b>X</b> [OR] | <b>X</b> [PA] | X |
| [RI]    | X      | [SC]    | X      | [SD]       | X.     | [TN]     | X      | [TX]   | [UT]                                   | X            | . [VT] | [VA]          | [WA     | [WV]          | X [WI]        | [WY           | [PR]          |   |
| Full Na | me (L  | ast na  | me fi  | rst, if i  | ndivid | ual)     | FMN    | l Cap  | ital Corp                              | ora          | tion   |               | ····    |               |               |               |               |   |
| Busine  | ss or  |         |        |            | •      |          |        |        | City, State<br>na Hills,               | •            |        |               |         |               |               | · <u></u>     |               |   |
| Name o  | of Ass |         |        |            |        | ar       |        |        | ital Corp                              |              |        |               |         |               | ······        |               |               |   |
| States  | in Wh  | ich Pe  | rson   | Listed     | has S  |          |        |        | to Solicit                             |              |        | <del></del>   |         |               |               |               |               |   |
| (Check  | "All S | States  | or che | eck inc    | dividu | al State | es)    |        | ••••••                                 |              | •••••• |               |         |               |               |               | All States    | 3 |
| [AL]    |        | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]   | <b>X</b> [CO]                          | X            | [CT]   | X [DE]        |         | ☐ FL]         | X [GA]        | X [HI]        | X [ID]        | X |
| [IL]    | X      | [IN]    |        | [IA]       | X      | [KS]     | X      | [KY]   | [LA]                                   |              | [ME]   | [MD]          | X [MA]  | [MI]          | X [MN]        | [MS]          | MO]           | X |
| [MT]    | X      | [NE]    |        | [NV]       | X      | [NH]     |        | [NJ]   | X [NM]                                 |              | [NY]   | X [NC]        | [ND]    | [OH]          | X [OK         | X [OR]        | X [PA]        |   |
| [R!]    |        | [SC]    |        | [SD]       |        | [TN]     | X      | [TX]   | X [UT]                                 | X            | [VT]   | [VA]          | X [WA   | <b>X</b> [wv  | Ù [Mi]        |               | [PR]          |   |
| Full Na | me (L  | ast na  | me fi  | rst, if ir | ndivid | ual) (   | Gun    | nallen | Financi                                | al, I        | nc.    |               |         |               |               |               |               |   |
| Busines | ss or  |         |        |            |        | mber a   |        |        | City, State                            | , Zip        | Code)  |               |         |               |               |               |               |   |
| Name o  | of Ass |         |        |            |        |          |        |        | Financi                                | al, I        | nc.    |               |         |               |               |               |               | - |
| States  | n Wh   | ich Pe  | rson   | Listed     | has S  |          |        |        | to Solicit                             | <del>-</del> |        |               |         |               |               |               |               |   |
|         |        |         |        |            |        |          |        |        | ······································ |              |        |               |         |               |               |               | All States    | 3 |
| [AL]    | X      | [AK]    | X      | [AZ]       | X      | [AR]     | X      | [CA]   | X [CO]                                 | X            | [CT]   | X [DE]        | X [DC]  | X FL]         | [GA]          | X [HI]        | X [ID]        | X |
| [IL]    | X      | [IN]    | X      | [IA]       | X      | [KS]     | X      | [KY]   | X [LA]                                 | X            | [ME]   | X [MD]        | X [MA]  | [MI]          | X [MN]        | X [MS]        | X [MO]        | X |
| [MT]    | X      | [NE]    | X      | [NV]       | X      | [NH]     | X      | [NJ]   | X [NM]                                 | X            | [NY]   | [NC]          | X [ND]  | <b>X</b> [OH] | X [OK         | X [OR]        | X [PA]        | X |
| [RI]    | X      | [SC]    | X      | [SD]       | X      | [TN]     | X      | [TX]   | X [UT]                                 | X            | [VT]   | [VA]          | X [WA   | <b>X</b> Iw∧  | X [WI]        | <b>X</b> [WY  | X [PR]        | X |

| Full No  | me (l  | act na   | me fi    | ret if ir  | divid   | ual)     | T., J.   |           | 4 TC:         | -1-1     | C      | IIC           |              |               | <del>-</del> . |               |               |             |   |
|----------|--------|----------|----------|------------|---------|----------|----------|-----------|---------------|----------|--------|---------------|--------------|---------------|----------------|---------------|---------------|-------------|---|
|          |        |          |          |            |         |          |          |           | nt Finar      |          |        |               |              |               |                |               |               |             |   |
| Busine   | ss or  |          |          |            | -       |          |          |           | City, State   |          |        |               |              |               |                |               |               |             |   |
| Name (   | of Acc |          |          |            |         |          | oad,     | Suite     | 203,San       | Die      | go,,C  | A 92108       |              |               |                |               |               |             |   |
| Name     | )I A53 | Sociale  | u bic    | Kei Oi     | Deale   | <u> </u> | Inde     | pende     | nt Finar      | cial     | Gro    | up, LLC       |              |               |                |               |               |             |   |
| States   | in Wh  | nich Pe  | erson    | Listed     | has S   | Solicite | d or l   | ntends    | to Solicit    | Purc     | haser  | S             |              |               |                |               |               |             |   |
| (Check   | "All S | States   | or ch    | eck ind    | lividua | al State | es)      |           |               |          | •••••  |               | •••••        |               |                |               | All States    | 3           |   |
| [AL]     | X      | [AK]     | X        | [AZ]       | X       | [AR]     | X        | [CA]      | <b>X</b> [CO] | X        | [CT]   | X [DE]        |              | [] FL]        | <b>⊠</b> [GA]  | X [HI]        | <b>X</b> [ID] | X           |   |
| [IL]     | X      | [IN]     | X        | [IA]       | X       | [KS]     | X        | [KY]      |               |          |        |               | [MA]         |               | [MN]           | [MS]          | <b>X</b> [MO] | X           |   |
| [MT]     | X      | [NE]     | X        | [NV]       | X       | [NH]     |          | [NJ]      |               |          |        |               | X [ND]       |               | _              |               | <b>X</b> [PA] | X           |   |
| [RI]     | X<br>X | [SC]     | X        | [SD]       | X       | [TN]     | X        | [TX]      |               |          |        |               | X [WA        | _             | <b>X</b> [WI]  | X [WY         | [X][PR]       |             |   |
|          | 1231   |          |          |            |         |          | <u> </u> |           |               |          |        |               |              |               | 1777           |               |               | <u> </u>    | - |
| Full Na  | me (L  | ast na   | me fi    | rst, if ir | ndivid  | ual)     | Paci     | fic W     | est Secur     | ities    | s, Inc | •             |              |               |                |               |               |             |   |
| Busine   | ss or  | Reside   | ence     | Addres     | s (Nu   | mber a   | and S    | treet, (  | City, State   | , Zip    | Code   | )             |              |               | -              |               |               |             |   |
|          |        |          |          |            |         |          | Ren      | ton V     | illage Pl     | Ren      | iton,  | WA 9805       | 55           |               |                |               |               |             |   |
| Name o   | of Ass | sociate  | a Bro    | ker or     | Deale   | er<br>   | Paci     | ic We     | est Secur     | ities    | s, Inc | ·             |              |               |                |               |               |             |   |
| States   | in Wh  | nich Pe  | rson     | Listed     | has S   | Solicite | d or I   | ntends    | to Solicit    | Purc     | haser  | S             |              |               |                |               |               |             |   |
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| [AL]     | X      | [AK]     | X        | [AZ]       | X       | [AR]     | X        | [CA]      | <b>X</b> [CO] | X        | [CT]   | <b>X</b> [DE] | X [DC]       | <b>∏</b> FL]  | [GA]           | <b>X</b> [HI] | <b>X</b> [ID] | X           |   |
| [IL]     | X      | [IN]     | X        | [IA]       | X       | [KS]     | X        | [KY]      | [K] [LA]      | _        |        |               | X [MA]       | _             | X [MN]         | [MS]          | <b>X</b> [MO] | X           |   |
| <br>[MT] | X      | <br>[NE] | X        | [NV]       | X       | <br>[NH] | X        | [NJ]      |               |          |        |               | [X] [ND]     | _             | <b>X</b> IOK   | [X] [OR]      | X [PA]        | X           |   |
| [RI]     | X      | [SC]     |          | .[SD]      | X       | [TN]     |          | [TX]      | _             | _        |        | _             | X [WA        | _             | [WI]           | [X] [WY       | [PR]          |             |   |
|          |        |          | <u> </u> |            |         |          |          |           | <u>[V]</u>    | <u> </u> |        | <u> </u>      | الما         | <u>'A'</u>    | <u> </u>       | الما          | <u> </u>      | <u> </u>    |   |
| Full Na  | me (L  | ast na   | me fi    | rst, if ir | ndivid  | ual)     | Sico     | Secu      | rities In     | c        |        |               |              |               |                |               |               |             |   |
| Busine   | ss or  | Reside   | ence ,   | Addres     | s (Nu   | mber a   | and S    | treet, (  | City, State   | , Zip    | Code   | )             |              |               |                |               |               |             | - |
|          |        |          |          |            |         |          | aytoı    | ı,OH      | 45415-1       | 747      |        |               |              | <del></del>   | ·.             |               |               | <del></del> | · |
| Name o   | of Ass | sociate  | d Bro    | ker or     | Deale   | er       | Sico     | Secu      | rities In     | c        |        |               |              |               |                |               |               |             |   |
| States   | in Wh  | nich Pe  | rson     | Listed     | has S   | Solicite | d or l   | ntends    | to Solicit    | Purc     | haser  | S             |              |               |                |               |               |             |   |
| (Check   | "All S | States   | or ch    | eck ind    | lividu  | al State | es)      | ********* |               |          |        |               |              |               |                |               | All States    | \$          |   |
| [AL]     |        | [AK]     |          | [AZ]       |         | [AR]     |          | [CA]      | <b>X</b> [CO] | X        | [CT]   | [DE]          | [DC]         | FL]           | [GA]           | <b>X</b> [HI] | [ID]          | X           |   |
| []       | X      | [IN]     | X        | [IA]       |         | [KS]     |          | [KY]      | <b>X</b> [LA] |          | [ME]   | [MD]          | [MA]         | <b>X</b> [MI] | X [MN]         | X [MS]        | [MO]          | X           |   |
| [MT]     |        | [NE]     |          | [NV]       | X       | [NH]     | X        | [NJ]      | <b>X</b> [NM] |          | [NY]   | [NC]          | X [ND]       | [OH]          | <b>X</b> [OK   | [OR]          | [PA]          | X           |   |
| [RI]     |        | [SC]     | X        | [SD]       |         | [TN]     | X        | [TX]      | [TU]          |          | [VT]   | [VA]          | AW] X        | <b>X</b> [wv  | [WI]           | X [WY         | [PR]          |             |   |

| = 11 51            |                          |   |            |   | 12. 2.3                            | . 15                                |                                 |                              |  |                     |                          |                   |               |               |                             |               |               |     |  |
|--------------------|--------------------------|---|------------|---|------------------------------------|-------------------------------------|---------------------------------|------------------------------|--|---------------------|--------------------------|-------------------|---------------|---------------|-----------------------------|---------------|---------------|-----|--|
| Full Na            | ıme (L                   | ast na  | ime ti     | rst, it ii                                      | naivia                             | iuai)                               | Spen                            | cer E                        | dwards,                                      | Inc.                |                          |                   |               |               |                             |               |               |     |  |
| Busine             | ss or                    | Reside  | ence .     | Addres  | s (Nu                              | ımber                               | and S                           | treet,                       | City, State                                  | , Zip (             | Code)                    |                   |               |               |                             |               |               |     |  |
|                    |                          | 604   | 11 S.      | Syra  | cuse                               | Way,                                | Suit                            | e 305                        | Englewo                                      | od,C                | CO 80                    | )111              |               |               |                             |               |               |     |  |
| Name               | of Ass                   | sociate   | d Bro      | ker or  | Deale                              | er                                  | Spen                            | cer E                        | dwards,                                      | Inc.                |                          |                   |               |               |                             |               |               |     |  |
| States             | in Wh                    | nich Pe   | erson      | Listed  | has S                              | Solicite                            | d or I                          | ntends                       | to Solicit                                   | Purch               | asers                    |                   |               |               |                             |               |               |     |  |
| (Check             | ("All S                  | States  | or ch      | eck ind   | lividu                             | al Stat                             | es)                             |                              |  |                     |                          |                   | ••••••        |               |                             |               | All States    | 3   |  |
| [AL]               | X                        | [AK]  | X          | [AZ]  | X                                  | [AR]                                | X                               | [CA]                         | <b>X</b> [CO]                                | X                   | [CT]                     | X [DE]            | X [DC]        | X FL]         | <b>X</b> [GA]               | <b>X</b> [HI] | <b>X</b> [ID] | X   |  |
| [IL]               | X                        | [IN]  | X          | [IA]  | X                                  | [KS]                                | X                               | [KY]                         | [LA]   | X                   | [ME]                     | [MD]              | <b>X</b> [MA] | <b>X</b> [MI] | X [MN]                      | <b>X</b> [MS] | X [MO]        | X   |  |
| [MT]               | X                        | [NE]  | X          | [NV]  | X                                  | [NH]                                | X                               | [NJ]                         | X [NM]                                       | X                   | [NY]                     | X [NC]            | X [ND]        | <b>X</b> [OH] | X [OK                       | <b>X</b> [OR] | <b>X</b> [PA] | X   |  |
| [RI]               | X                        | [SC]  | X          | [SD]  |                                    | [TN]                                |                                 | [TX]                         | [TU]   | X                   | [VT]                     | [VA]              | X [WA         | <b>X</b> [wv  | [WI]                        |               | X [PR]        |     |  |
|                    |                          |   |            |   |                                    |                                     |                                 |                              |  |                     |                          |                   |               |               |                             |               |               |     |  |
| Full Na            | me (L                    | ast na  | ıme fi     | rst, if i                                       | ndivid                             | ual)                                | Sum                             | mit B                        | rokage S                                     | ervi                | es, I                    | nc.               |               |               |                             |               | •             |     |  |
|                    |                          |   |            |   |                                    |                                     |                                 |                              | rokage S<br>City, State                      |                     |                          | nc.               |               |               | <del>, ,</del>              |               |               |     |  |
|                    |                          | Reside  | ence a     | Addres  | s (Nu                              | ımber                               | and S                           | treet, (                     |  | , Zip (             | Code)                    |                   |               |               | <del>,</del>                | ·             |               |     |  |
|                    | ss or                    | Reside  | nce A      | Addres<br>Feder                                 | s (Nu<br>al H                      | imber a                             | and S                           | treet, (                     | City, State,                                 | Zip (               | Code)                    | L 33432           |               |               |                             |               |               |     |  |
| Busine             | ss or                    | Reside<br>980<br>sociate                              | N. I       | Addres<br>F <b>eder</b><br>oker or              | s (Nu<br>al Hi<br>Deale            | imber a<br>ighwa<br>er              | and S<br>iy, Si<br>Sum          | treet, (uite 3               | City, State                                  | Zip (<br>Rate       | Code)<br>on,,Fl          | L 33432<br>, Inc. |               |               |                             |               |               |     |  |
| Name States        | ss or<br>of Ass<br>in Wh | Reside<br>980<br>sociate                              | N. I       | Addres<br>Feder<br>ker or<br>Listed             | s (Nu<br>al Hi<br>Deale            | imber a ighwa er Solicite           | and S<br>y, Su<br>Sum<br>d or l | treet, ( uite 3 mit B ntends | City, State, 10, Boca rokerage               | Zip ( Rate Ser      | on,,Fl<br>vices,         | L 33432<br>, Inc. |               |               |                             |               | All States    | 3   |  |
| Name States        | ss or<br>of Ass<br>in Wh | Reside<br>980<br>sociate                              | N. I       | Addres<br>Feder<br>ker or<br>Listed             | s (Nu<br>al Hi<br>Deale            | imber a ighwa er Solicite           | and S<br>y, Su<br>Sum<br>d or l | treet, ( uite 3 mit B ntends | City, State,  10, Boca  rokerage  to Solicit | Rate<br>Ser         | code) on,,Fi vices,      | L 33432<br>, Inc. |               | <b>X</b> FL]  | <b>X</b> [GA]               | <b>X</b> (HI) | All States    | · X |  |
| Name States (Check | ss or<br>of Ass<br>in Wh | Reside<br>980<br>sociate<br>nich Pe                   | N. ] d Bro | Addres<br>Feder<br>sker or<br>Listed<br>eck inc | s (Nu<br>al H<br>Deale<br>has S    | ighwa<br>er<br>Solicite             | sum d or lies)                  | treet, (uite 3               | City, State, 10, Boca rokerage to Solicit    | Rate<br>Ser         | code) on,,Fl vices asers | L 33432<br>, Inc. | [DC]          |               | <b>X</b> [GA] <b>X</b> [MN] | [MS]          |               |     |  |
| Name States (Check | ss or of Ass in Wh       | Reside<br>980<br>sociate<br>nich Pe<br>States<br>[AK] | or che     | Addres Feder sker or Listed eck inc             | al Hi<br>Deale<br>has S<br>lividua | ighwa<br>er<br>Solicite<br>al State | Sum<br>d or lies)               | treet, (uite 3 mit B ntends  | City, State, 10, Boca rokerage to Solicit    | Zip (Rate Ser Purch | vices<br>pasers<br>[CT]  | L 33432, Inc.     | [DC]          |               | _                           |               | [ID]          | X   |  |

| I. Enter the aggregate offering price of securities included in this offering and the total amount all<br>Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this boundicate in the columns below the amounts of the securities offered for exchange and already expenses.  | ׼      | and                      |    |          |  |
|---|--------|--------------------------|----|----------|--|
| Type of Security  |        | Aggregate offering price | ı  | Amo      | unt Already<br>Sold                        |
| Debt  | \$     |                          | \$ |          |  |
| Equity  | \$     |                          | \$ |          |  |
| Common Preferred  |        | •                        |    |          |  |
| Convertible Securities(including warrants)  | \$     |                          | \$ |          |  |
| Partnership Interests   | \$     | \$100,000,000.00         | \$ |          |  |
| Other(Specify)  | \$     | ·                        | \$ |          |  |
| Total   | \$     | \$100,000,000.00         | \$ |          |  |
| Answer also in Appendix, Column 3, if filing under ULOE  2.Enter the number of accredited and non-accredited investors who have purchased securities in the | ,<br>  |                          |    |          |  |
| this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".   | ırı    | Number of Investors      |    |          | Aggregate<br>Pollar Amount<br>of Purchases |
| Accredited Investors  |        |                          |    | \$_      |  |
| Non-accredited Investors  |        |                          | _  | \$_      |  |
| Total(for filing under Rule 504 only)   |        |                          |    | \$       |  |
| Answer also in Appendix, Column 4, if filing under ULOE   | ."     |                          |    |          |  |
| 3. If this filing is for an offering under Rule 504 0r 505, enter the information requested for all se sold by the issuer, to date, in offerings of the types indicated, in the twelve(12) months prior t first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   | o the  |                          |    |          |  |
| Type of offering  |        | Type of<br>securities    |    |          | Dollar Amount<br>Sold                      |
| Rule 505  |        |                          |    | <b>ሱ</b> |  |
| Regulation A  |        | <del></del>              |    | - \$     |  |
| Regulation 504  |        |                          |    | _ \$     |  |
| Total   |        |                          |    | - \$     |  |
| 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the in this offering. Exclude amounts relating solely to organization expenses of the issuer. The interpretation may be given as subject to future contingencies. If the amount of an expenditure is not known, estimate and check the box to the left of the estimate.  | format | ion                      |    |          |  |
| Transfer Agent's Fees   |        |                          |    | <b>X</b> | \$0.00                                     |
| Printing and Engraving Costs  |        |                          |    |          | \$3,000.00                                 |
| Legal Fees  |        |                          |    |          | \$5,000.00                                 |
| Accounting Fees   |        |                          |    |          | \$0.00                                     |
| Engineering Fees  |        |                          |    |          | \$0.00                                     |
| Sales Commissions (specify finders' fees separately)  |        |                          |    |          | \$1,000,000.00                             |
| Other Expenses(Identify)  |        |                          |    |          | \$0.00                                     |
| Total   |        |                          |    |          | \$1,008,000.00                             |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| GOHERING PRICE   | NUMBER OF INVESTIONS EXPE                   | (BES)       | AN              | D.USHOPIPRO  | )(GETEI          | S                     |
|--|---|-------------|-----------------|--|------------------|-----------------------|
| <ul> <li>Enter the difference between the aggreg<br/>Question 1 and total expenses furnished in<br/>the "adjusted gross proceeds to the issuer</li> </ul>  |   |             | \$.             | \$98,992,000.00  |                  |                       |
| <ol><li>Indicate below the amount of the adjusted gused for each of the purposes shown. If the<br/>estimate and check the box to the left of the<br/>equal the adjusted gross proceeds to the is</li></ol> |   |             |                 |  |                  |                       |
|  |   |             |                 | Payments to<br>Officers,<br>Directors, &<br>Affillates |                  | Payments to<br>Others |
| Salaries and fees  | •••••                                       | K           | \$              | \$330,000.00   | <b>K</b> \$      | \$740,000.00          |
| Purchase of real estate  |   |             | \$              | \$0.00   | <u>F</u> \$      | \$0.00                |
| Purchase, rental or leasing and installa   | ation of machinery and equipment            | F           | \$              | \$0.00   | <u> </u>         | \$0.00                |
| Construction or leasing of plant building  | ngs and facilities                          |             | \$              | \$0.00   | <u>F</u> \$      | \$0.00                |
| Acquisition of other business (includin this offering that may be used in exchanother issuer pursuant to a merger)   | ange for the assets or securities of        |             | \$              | \$0.00   | —<br><b>▼</b> \$ | \$0.00                |
| Repayment of indebtedness  |   | K T         | \$              | \$0.00   | <b>K</b> ] \$    | \$0.00                |
| working capital  |   | \$          | \$97,922,000.00 | ₩ s  | \$0.00           |                       |
| Other(specify):  | ш   | Ť           |                 | <u> </u>   |                  |                       |
|  |   | -           |                 |  |                  |                       |
|  |   |             | •               | ***  |                  | ***                   |
| Ochona Tatala  |   |             | \$              | \$0.00   | K   \$           |                       |
| Column Totals  |   | \$          | \$98,252,000.00 | × \$   | \$740,000.00     |                       |
| Total Payments Listed(column totals a  |   | <b>*</b> \$ | \$ 98,          | 992,000.00   |                  |                       |
|  | D.FEDERAL SIGNATURE                         |             |                 |  |                  |                       |
| The issuer has duly caused this notice to be Rule 505, the the following signature consi Commission upon written request of its state to paragraph (b)(2) of Rule 502.                                     | titutes an undertaking by the issuer to fur | nish to     | the             | U.S. Securities a                                      | and Exc          | hange                 |
| Issuer(Print or Type)  | Signature                                   | Dat         | <u>-</u> -      |  |                  |                       |
| D&A High-Yield Bond Fund III, LP   | MAY 2 0 2005                                |             |                 |  |                  |                       |
| Name of Signer(Print or Type)  | Title of Signer(Print or Type)              |             |                 |  |                  |                       |
| Denise S. Iverson  | Chief Financial Officer                     |             |                 |  |                  |                       |
|  | ATTENTION                                   |             |                 |  |                  |                       |
| Intentional misstatements or or  | missions of fact constitute federal crir    | minal v     | iola            | itions. (See 18 U                                      | .s.C.10          | 001.)                 |

## 1. Is any party described in 17 CFR 230.262 presently subject to any disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D(17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption(ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer(Print or Type)  D&A High-Yield Bond Fund III, LP | Signature  1 MS 5. Ur   | Date |
|---|-------------------------|------|
| Name(Print or Type)                                     | Title(Print or Type)    |      |
| Denise S. Iverson                                       | Chief Financial Officer |      |

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1     | Intend to sell to non-accredited investors in State |    | 3 Type of Security and aggregate offering price offered in state | 4  Type of investor and amount purchased in State |        |   |        |     | 5<br>Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of waiver<br>grated) |  |
|-------|---|----|--|---|--------|---|--------|-----|--|--|
| State | Yes   | No | Partnership Interest<br>\$ 100,000,000.00                        | Number of<br>Accredited<br>Investors              | Amount | Number of Non-<br>Accredited<br>Investors | Amount | Yes | No   |  |
| AL    |   |    |  |   |        |   |        |     |  |  |
| AK    |   |    |  |   |        |   |        |     |  |  |
| ΑZ    |   |    |  |   |        |   |        |     |  |  |
| AR    |   | ,  |  |   |        |   |        |     |  |  |
| CA    |   |    | ,  |   | ,      |   |        |     |  |  |
| со    |   |    |  |   |        |   |        |     |  |  |
| CT    |   |    |  |   |        |   |        |     |  |  |
| DE    |   |    |  |   |        |   |        |     |  |  |
| DC    |   |    |  |   |        |   |        |     |  |  |
| FL    |   |    |  | ٠.  |        |   |        |     |  |  |
| GA    |   |    |  |   |        |   |        |     |  |  |
| НІ    |   |    |  |   |        |   | · .    |     |  |  |
| ID    |   |    |  |   |        |   |        |     |  |  |
| IL    |   |    |  |   |        |   |        |     |  |  |
| IN    |   |    |  |   |        |   |        |     |  |  |
| IA    |   |    |  |   |        |   | ·      |     |  |  |
| KS    |   |    |  |   |        | ·   |        |     |  |  |
| KY    |   |    |  |   |        |   | ·      |     |  |  |
| LA    |   |    |  | 4   |        |   |        |     |  |  |
| МЕ    |   |    |  |   |        |   |        |     |  |  |
| MD    |   |    |  |   |        |   |        |     |  |  |
| MA    |   |    |  |   |        |   |        |     |  |  |
| MI    |   |    |  |   |        |   |        |     |  |  |
| MN    |   |    |  |   |        |   |        |     |  |  |
| MS    |   |    |  |   |        |   |        |     |  |  |
| МО    |   |    |  |   |        |   |        |     |  |  |

| APPENDIX |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|
|          |  |  |  |  |  |  |  |  |

| 1     | Inten<br>to non-a | 2 d to sell ccredited s in State | 3 Type of Security and aggregate offering price offered in state | Type of investor and amount purchased in State |        |   |                                       |          | 5 Disqualification under State ULOE (if yes, attach explanation of waiver grated) |  |  |
|-------|-------------------|----------------------------------|--|--|--------|---|---------------------------------------|----------|---|--|--|
| State | Yes               | No                               | Partnership Interest<br>\$ 100,000,000.00                        | Number of<br>Accredited<br>Investors           | Amount | Number of Non-<br>Accredited<br>Investors | Amount                                | Yes      | No  |  |  |
| МТ    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NE    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NV    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NH    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| 2     |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NM    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NY    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| NC    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| ND ·  | i<br>             |                                  |  |  |        |   |                                       |          |   |  |  |
| ОН    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| OK    |                   |                                  |  | ·  |        |   |                                       |          |   |  |  |
| OR    | •                 |                                  |  |  |        |   |                                       | <u> </u> |   |  |  |
| PA    |                   |                                  |  | ·  |        |   | · · · · · · · · · · · · · · · · · · · | <u> </u> |   |  |  |
| RI    |                   |                                  |  |  |        |   | -                                     |          |   |  |  |
| sc    |                   |                                  |  | ·  |        |   |                                       | ·        |   |  |  |
| SD    |                   |                                  |  |  |        |   | -                                     |          |   |  |  |
| TN    |                   |                                  |  | ···  |        |   |                                       |          |   |  |  |
| TX    | ·                 |                                  |  |  |        |   |                                       |          |   |  |  |
| UT    |                   |                                  |  | <u></u>  |        |   |                                       |          |   |  |  |
| VT    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| VA    | <del>-</del>      |                                  |  |  |        |   |                                       |          |   |  |  |
| WA    |                   |                                  |  | <u></u>  | ·      | <u> </u>                                  |                                       |          |   |  |  |
| wv    |                   |                                  |  |  |        |   |                                       | <u> </u> |   |  |  |
| WI    |                   |                                  |  |  |        |   |                                       |          |   |  |  |
| WY    |                   | ļ                                |  |  |        |   |                                       |          |   |  |  |
| PR    |                   |                                  |  |  |        | <u></u>                                   |                                       |          |   |  |  |

Foreign Investments total \$